



## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Yosemori	JoAnn		546-3868		
MAILING ADDRESS (Street)			FAX		
1177 Bishop Street			546-8500		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Hawaiian Telcom, Inc.			546-3868		
MAILING ADDRESS (Street)			FAX		
1177 Bishop Street			546-8500		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96813		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Telcom, Inc.	546-3868 FAX		
MAILING ADDRESS (Street)			
1177 Bishop Street	546-8500		
(City)	(State)	(Zíp Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn Yosemori		546-3868	
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street		546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
27/2 · 12-28-06						
(Signature of Lobbyist)			(Date)			
(Oignature of Lobbyist) (Date)						
PART V AUTHORIZATION TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Michael S. Ruley	Chief Executive Officer					
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE			
Hawaiian Telcom, Inc.			546-3868			
MAILING ADDRESS (Street)			FAX			
1177 Bishop Street			546-8500			
(City)	(State)	1	(Zip Code)			
Honolulu	Hawaii 96813					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
	will flugg		1-03-07			
(Signature of Authorizing Officer or Person Represented)			(Date)			